

Background: The Health Insurance Marketplace will send Form 1095-A to each tax filer (as defined under 45 CFR 155.300), or responsible adult on a policy, on or before January 31<sup>st</sup> of each year. The following document represents a cover sheet that the Marketplace will include with the completed 1095-A that will be sent to each tax filer or responsible adult. Individuals will receive a completed Form 1095-A if they or a member of their household were enrolled in a qualified health plan (QHP) through the Marketplace for any months in the coverage year, with or without receiving advance payment of the premium tax credit (APTC). Form 1095-A lists the individuals who were enrolled in a QHP, the QHP premium, and any APTC that was paid on the enrollee's behalf to the issuer.



[Insert FNLNS of Tax filer or Responsible Adult]

[Insert Notice Date]

[Insert Address line 1]

[Insert Address line 2]

[Insert City, State Zip Code]

Application ID: [Insert Application ID]

Dear [Insert FNLNS of Tax filer or Responsible Adult]:

Since you had Health Insurance Marketplace coverage for all or some part of [insert applicable coverage year], we're required to provide you with important information you'll need to correctly fill out your federal income tax return for that year. We're sending you this completed Form 1095-A (Health Insurance Marketplace Statement) because it includes this information. A copy of this information also has been given to the IRS. Please keep this form for your records.

### **You must file a tax return**

You must file a federal income tax return if you or another member of your household received any advance payments of the premium tax credit in [insert applicable coverage year] to lower premium costs, even if you don't normally file a return. When you file your tax return electronically or by mail, you must complete and file Form 8962 (Premium Tax Credit). Use the information on the included Form 1095-A to complete Form 8962. Also, when you complete your federal income tax return, you'll need to indicate that you had Health Insurance Marketplace coverage for some or all of [insert applicable coverage year]. If you want more information about Form 1095-A, read the "Instructions for Recipient" section on the back of the enclosed form. If you need Form 8962, visit [irs.gov](http://irs.gov).

Many people who signed up for Marketplace coverage can get free assistance with filling out their taxes. This may include free access to tax software programs, or free in-person assistance. For more information, visit [IRS.gov/freefile](http://IRS.gov/freefile) or [IRS.gov/VITA](http://IRS.gov/VITA).

### **Why Form 1095-A is important**

Form 1095-A includes:

- information about you and any other members of your household who were enrolled in a Marketplace plan during [insert applicable coverage year]
- information about your Marketplace plan premium and other information you may need to fill out your federal income tax return
- the amount of any advance payments of the premium tax credit that we paid in [insert applicable coverage year] to a health plan on your behalf or on behalf of other members of your household.

### **If there are zeroes printed in Part III, Column B during the months you had coverage**

The attached form might include zeroes for the monthly premium amount for the second lowest cost Silver plan (SLCSP) available to you. If your Form 1095-A has zeroes in Part III column B for the

months you had coverage, you should use the online tax tool on <https://www.healthcare.gov/tax-tool/> to find the monthly premium for your [insert application coverage year] second lowest cost Silver plan. Then either enter that information onto your Form 8962 for the months you had coverage, enter it into your tax software, or provide it to your tax preparer.

Also, you should use the tax tool if you experienced certain changes in your family (for example, if you moved) during [insert applicable coverage year] and didn't report them to the Marketplace. You can find more details about this in the Instructions for Form 8962.

### **Using the online tax tool to complete your taxes**

You will need the following information to use the online tax tool located at <https://www.healthcare.gov/tax-tool/>:

- ZIP code and county where you lived for each month of [insert applicable coverage year] during which you had health coverage through the Marketplace
- Age of each household member enrolled in Marketplace coverage, for each month of [insert applicable coverage year]
- Months each household member was enrolled in Marketplace coverage *and* wasn't eligible for, or enrolled in, other coverage outside the Marketplace.

Use the monthly premium amount for your SLCSF from the online tax tool to complete Part 2: Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit on Form 8962 (lines 9-26) for the months you had coverage. Your tax software or tax preparer can help you with this form too.

### **Changes to your Form 1095-A information**

If you think information on the attached Form 1095-A is incorrect, call the Marketplace Call Center at the number below to find out how to get a corrected Form 1095-A.

If the "CORRECTED" box on the top of your Form 1095-A is checked, this means we made a change to the information we originally provided to you. Be sure you use this corrected form when you complete Form 8962 and file your federal income tax return.

If you already filed your federal income tax return using information from a previous Form 1095-A we sent you, and you didn't resolve the incorrect information with the IRS, you may need to file an amended return. Visit [irs.gov](https://www.irs.gov) and enter the keywords "amended return" for more information on when to file an amended return.

It's also important to note that you may receive more than one Form 1095-A, because different members of your household had different health plans, you updated your coverage information during [insert applicable coverage year], or you switched plans during [insert applicable coverage year]. Be sure to keep all Forms 1095-A with your important tax documents.

### **You also may get Form 1095-B or Form 1095-C**

If you or members of your household had coverage in [insert applicable coverage year] through other programs or plans outside of the Marketplace, you may also be getting a Form 1095-B (Health Coverage) or Form 1095-C (Employer-Provided Health Insurance Offer and Coverage). It's important to follow the instructions on these forms, so you fill out your federal income tax return correctly.

### **How to get help with your taxes**

Many people can get free help to fill out their taxes. Visit [irs.gov/Individuals/Free-Tax-Return-Preparation-for-You-by-Volunteers](https://www.irs.gov/Individuals/Free-Tax-Return-Preparation-for-You-by-Volunteers) to learn more about getting help.

If you need more information, visit [HealthCare.gov/taxes](https://www.healthcare.gov/taxes) or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Sincerely,

Health Insurance Marketplace  
Department of Health and Human Services  
465 Industrial Boulevard  
London, Kentucky 40750-00

*THE PAGES FOLLOWING THIS COVER LETTER ARE RESERVED FOR FORM 1095-A AND  
INSTRUCTIONS AND FOR LANGUAGE TAGLINES*